

Health Clinic

<u>Clinic ID</u>	Name
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Branch

<u>Branch ID</u>	Address	Phone	<u>Clinic ID</u>
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Employee

<u>Employee ID</u>	SSN	Fname	Lname	DOB	Sex	Phone	Address	<u>Branch ID</u>
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Nurse

<u>Nurse ID</u>	<u>Employee ID</u>
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Doctor

<u>Doctor ID</u>	Specialization	<u>Employee ID</u>
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Prescription

<u>Prescription ID</u>	Drug	Dosage	Refills	Date	<u>Doctor ID</u>	<u>Patient ID</u>
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Patient

<u>Patient ID</u>	SSN	Fname	Lname	DOB	Sex	Phone	Address	<u>Ins ID</u>
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Appointment

Diagnosis	Procedure	Date	<u>Doctor ID</u>	<u>Nurse ID</u>	<u>Patient ID</u>	<u>Room Number</u>	<u>Branch ID</u>
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Room

<u>Room Number</u>	<u>Branch ID</u>
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Vaccine

<u>Vac ID</u>	Vac_name	Date	<u>Patient ID</u>	<u>Nurse ID</u>
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Bill

<u>Bill ID</u>	Amount	Description	Paid	<u>Patient ID</u>
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Insurance

<u>Ins ID</u>	Ins_name	Phone	Address
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Health History

<u>Problem Name</u>	<u>Patient ID</u>	Description
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